

## **Health Advisory: Interim Guidance for Healthcare Providers Caring For Pregnant Women During the Zika Virus Outbreak, 27 JAN 2016**

### **Actions requested:**

- Advise pregnant patients to consider postponing travel to [areas where Zika virus transmission is ongoing](#) because of the potential for [microcephaly](#) and other poor pregnancy outcomes in babies of mothers infected with Zika virus while pregnant.
- Advise pregnant women who can't postpone travel to an area with Zika virus transmission to strictly follow steps to avoid mosquito bites. Insect repellents containing DEET, picaridin, and IR3535 are considered safe for pregnant women when used as directed.
- Ask all pregnant women about recent travel.
- **Testing guidance (see link below for complete evaluation guidance and testing algorithm)**
  - Test pregnant women with a history of travel to an area with Zika virus transmission AND:
    - 1) who report two or more symptoms consistent with Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) during or within 2 weeks of travel, OR,
    - 2) who have ultrasound findings of fetal microcephaly or intracranial calcifications.
  - Testing of asymptomatic pregnant women is not recommended in the absence of fetal microcephaly or intracranial calcifications or for women without a travel history to an area with Zika virus transmission.
- Consider serial ultrasound examination in pregnant women with laboratory evidence of Zika virus infection to monitor fetal growth and anatomy. Referral to a maternal-fetal medicine or infectious disease specialist with expertise in pregnancy management is recommended.
- Report suspected cases to Public Health at 206-296-4774. There is no commercially available lab test for Zika infection; PCR and serologic testing can be arranged by Public Health.
- No specific antiviral treatment is available for Zika disease. Treatment is generally supportive and can include rest, fluids, and use of analgesics and antipyretics. Pregnant women who have a fever should be treated with acetaminophen.
- Be aware that CDC has also issued interim guidance specifically for evaluation and testing of infants with possible congenital Zika virus infection. See first link in resources, below.

**Background:** Zika virus is a mosquito-borne flavivirus transmitted primarily by *Aedes aegypti* mosquitoes. An estimated 80% of persons infected with Zika virus are asymptomatic and symptomatic disease is generally mild. Symptoms usually last from several days to 1 week. Severe disease requiring hospitalization is uncommon, and fatalities are rare. Guillain-Barré syndrome has been reported in patients following suspected Zika virus infection. CDC has issued a [travel notice \(Level 2-Practice Enhanced Precautions\)](#) for people traveling to areas where Zika virus transmission is ongoing because of reports of [microcephaly](#) and other poor pregnancy outcomes in babies of mothers who were infected with Zika virus while pregnant. Pregnant women can be infected with Zika virus in any trimester. Maternal-fetal transmission of Zika virus has been documented throughout pregnancy, and Zika virus infections have been confirmed in infants with microcephaly. Studies are ongoing to investigate the association of Zika virus infection and fetal loss or microcephaly, including the role of other contributory factors (e.g., prior or concurrent infection with other organisms, nutrition, and environment).

### **RESOURCES**

- Guidance for healthcare providers of pregnant women and infants: <http://www.cdc.gov/zika/hc-providers/index.html>
- CDC testing guidelines with algorithm for pregnant women with history of travel to an area with Zika transmission: [http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm?s\\_cid=mm6502e1\\_w](http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm?s_cid=mm6502e1_w)
- FAQ for pregnant women on Zika virus; <http://www.cdc.gov/zika/pregnancy/question-answers.html>
- General information about Zika virus and disease: <http://www.cdc.gov/zika/>